

Defendant \_\_\_\_\_ Level of Care \_\_\_\_\_ Unit \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Legal Status \_\_\_\_\_ Medical Record # \_\_\_\_\_

Admission Date \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Judge \_\_\_\_\_ Court \_\_\_\_\_ Docket # \_\_\_\_\_

Date 30 Days end \_\_\_\_\_ Outpatient Referral (Y/N) \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Hearing Date (if known) \_\_\_\_\_ Estimated Date of Discharge \_\_\_\_\_

Current Diagnosis (written) Axis I \_\_\_\_\_ Axis II \_\_\_\_\_

Change in legal status \_\_\_\_\_ Effective date of legal status change \_\_\_\_\_

Change in level of care \_\_\_\_\_ Effective date of level of care change \_\_\_\_\_

Status of Evaluation Process:

Competent	Yes _____	No _____	Undetermined _____	N/A _____
Support for Insanity Defense	Yes _____	No _____	Undetermined _____	N/A _____
Committable	Yes _____	No _____	Undetermined _____	

## CLINICAL DATA

If "Not Competent" explain: \_\_\_\_\_

If "Insanity Defense Supported" explain: \_\_\_\_\_

If "Remains Committable" explain: \_\_\_\_\_

COMMENTS

CURRENT PSYCHOTROPIC MEDS:

DISCHARGE PLAN (Include MOT)

Physician Social Worker

Psychologist	Other
1	1
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100	100

Recorded By \_\_\_\_\_ Date \_\_\_\_\_

(cont. on pg. 2? Yes / No )

**MENTAL HEALTH INSTITUTE FORENSIC TEAM MEETING PROGRESS NOTE**  
(Continued)

Patient \_\_\_\_\_ Level of Care \_\_\_\_\_ Unit \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

COMMENTS (Cont.)

[illegible]

DISCHARGE PLAN (Cont.) \_\_\_\_\_

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OTHER RECOMMENDATIONS \_\_\_\_\_

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Recorded by \_\_\_\_\_ Date \_\_\_\_\_